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ICANotes Behavioral Health EHR Chart Room Chart Face Back <- prev next > Show Notes in List

SOS  
610 N. Silver St  
Silver City, NM 88061  
575-956-6131  
575-956-6947  
Lazzell, Shanti  
ID: 1000010700116 DOB: 11/30/1970  
Case Management Note (SOS)

Use Note Creation Time  
Clear Time  
Set Date/Time  
7/29/2023  
8:02 PM

**Audit Log**

Service Loca

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**History of Risk Factors:**

- \*History of Alcohol or Substance Abuse
- \*History of Mental Illness:
  - Carries a Diagnosis of Manic Depressive Illness
  - Carries a Diagnosis of Schizophrenia
  - History of Severe Anxiety or Panic Attacks

**Current Risk Factors:**

- \*Absent or Weak Support System:
- \*Agitated or Very Angry:
- \*A Major Depression is Present
- \*Rapid Shifts in Mood are Occurring
- \*Carries a Diagnosis of Schizophrenia

**Suicide Risk Assessment:**

Ms. Lazzell denies suicidal ideas or intentions.

**Suicide Risk:**

Based on the absence of risk factors, Ms. Lazzell's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

**Violence Risk:**

Based on the risk factors reviewed, Ms. Lazzell's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

**Access to Lethal Means:**

Access to lethal means was discussed with Ms. Lazzell. She denies having access to lethal means at this time.

1 Unit for H2015 Comprehensive Community Support Services - TV, UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 7:45 PM  
Session end: 8:00 PM

T.Y

spell check find  
(Please click in the field and scroll down to see full text of note.)

**Capture Signature**  
#1 Signed By: \_\_\_\_\_

**Capture Signature**  
#2 Signed By: \_\_\_\_\_

**Capture Signature**  
#3 Signed By: \_\_\_\_\_